

RETIREE MEDICAL FREQUENTLY ASKED QUESTIONS

- **Will I have to provide evidence of good health to enroll in a Medicare Supplement or Medicare Advantage Plan?**
 - No. When the Retiree Medical plans end, you will have a Special Enrollment Period during which you will be able to enroll in a Medicare Advantage or a Medicare Supplement plan (plans A,B,D,E or F) without having to provide evidence of good health. This is called 'guaranteed' issue.

- **Will I have to go through a pre-existing conditions waiting period on the Medicare Supplement or Medicare Advantage Plan I choose?**
 - You will not be subject to any pre-existing conditions waiting period because you have had continuous coverage under the State's Retiree Medical plan. However, if you have a lapse in coverage for more than 63 days, you would be subject to any pre-existing conditions waiting period that might be contained in the Medicare Supplement or Medicare Advantage plan in which you enroll.

- **What are my options if I have End Stage Renal Disease (ESRD)?**
 - Those who have ESRD cannot enroll in a Medicare Advantage plan. However, they are eligible to enroll in a Medicare Supplement plan. This restriction is set by CMS (Centers for Medicare/Medicaid Services). The only exception would be if the retiree member develops ESRD while enrolled in the Retiree Medical plan, he/she is eligible to enroll in a Blue Cross Medicare Advantage plan as long as there has been no break in coverage between the retiree plan and enrollment in the Medicare Advantage plan.

- **If the proposed legislation is passed, when will I have to have other coverage?**
 - If the proposed legislation passes coverage under the State's Retiree Medical plans will end December 31, 2009, all Retiree plan members who are Medicare Eligible will have to enroll in a Medicare Supplement plan or a Medicare Advantage plan effective January 1, 2010.

However, Medicare Eligible Retirees can drop the State's Retiree Medical plan coverage at any time and enroll in a Medicare Supplement or Medicare Advantage plan. Guaranteed issue will only be available for a Medicare Advantage plan. The same waiver of pre-existing conditions waiting periods would apply.

- **What is the monthly premium for a Medicare Supplement or Medicare Advantage Plan?**
 - Monthly premiums for Medicare Supplement and Medicare Advantage plans vary. Rates are set by the carrier offering the coverage. The benefit comparison sheet included 2008 rates for the four plans outlined on the comparison.

- **Where can I get information on available plans?**
 - One of the best places to get information on all Medicare plans available to you is to visit the Medicare website - www.Medicare.gov. Here you can compare plan price and benefits side by side.

Also, in Idaho you can contact the Senior Health Insurance Benefits Advisors program (SHIBA) in the Department of Insurance. Their toll free number is 1-800-247-4422. SHIBA has information on Medigap, Medicare Advantage and Medicare Part D plans being sold in Idaho and would be happy to provide any assistance you might need.

- **What is the difference between a Medicare Supplement Plan and a Medicare Advantage Plan?**
 - Medicare Supplement plans are run by private companies and fill in the gaps after Medicare has been billed. With Medicare alone there are deductibles and coinsurance that are the member's responsibility. Medicare Supplements will pay part or all of these deductibles and coinsurance. With a Medicare Supplement plan you can see any Medicare participating provider in the U.S.

Medicare Advantage Plans are health plan options that are approved by Medicare but run by private companies and are part of the Medicare Program. These plans are responsible to provide all your Part A and Part B coverage and must cover medically-necessary services. They generally offer extra benefits, and many include Part D drug coverage. You may pay copayments for certain services and need to use certain providers to get the best benefit from the plan.

- **What if I become ill? Can Medicare Advantage plans or Medicare Supplement plans drop me?**
 - No. Once you are enrolled in either a Medicare Supplement or Medicare Advantage plan they cannot drop you or charge you additional premium due to a change in your health.

- **Is there a lifetime maximum on the amount a Medicare Advantage plan or Medicare Supplement plan will pay?**
 - There is no lifetime maximum on either of these two options.

- **What if I want to change to a different plan later, will I be able to do that?**
 - You can choose to enroll in a Medicare Advantage plan each year during the Annual Election period from November 15 to December 31, or during the Open Enrollment period from January 1 to March 31. Your enrollment in a Medicare Advantage plan is guaranteed if you enroll during one of these periods. Certain exceptions to these periods are made due to special circumstances.

If you wish to enroll in a Medicare Supplement plan you will likely need to complete a health statement. The plan can choose to accept your application or deny your application based on this health statement.

- **Can I keep my Medicare Advantage plan or Medicare Supplement plan if I move to another county or state?**
 - Enrollment in a Medicare Advantage plan requires that you continuously reside in that plan's service area. If you move to a new county check with your plan to see if this county is part of their service area. If you move out of the state you will become eligible for a special election period and will need to enroll in a Medicare Advantage plan in that state.

Medicare Supplement plans do not have a service area and generally you can move and keep your same policy. Always check with your plan when you move.

- **What if I travel for several months out of the year, will Medicare Advantage plans or Medicare Supplement plans cover me while I am away?**
 - Medicare Advantage plans cover you for urgent care and emergency care out of your area. Some Medicare Advantage plans have additional coverage for planned care out of your area. Check with your plan for details.

Medicare Supplement plans will cover all of your medical visits while traveling as long as you see a Medicare contracted provider.

- **When I enroll in a Medicare Advantage plan or Medicare Supplement plan can I enroll in a Medicare Part D plan from a different insurance company?**
 - Generally when you enroll in a Medicare Advantage plan you can choose to get your prescriptions, Medicare Part D, included with that plan. In some cases Medicare requires you to do so if you wish to enroll in a Part D plan.

Medicare Supplement plans do not include Medicare Part D. If you choose to enroll in a Medicare Supplement plan you may choose any Part D plan from any insurance company.

If you choose to not enroll in a Medicare Part D plan when you first become eligible, you must wait until the next Annual Election period, November 15 to December 31 to enroll and Medicare will assess you a late enrollment penalty. However, if you are covered under a qualifying prescription plan this penalty will be waived.

- **If I have VA benefits do I need to buy a Medicare Advantage plan or Medicare Supplement plan? Do I need Medicare Part D?**
 - You do not need to have any other coverage if you have VA benefits. As long as you receive your care through the approved VA providers you are covered under the VA benefits. If you wish to see non-VA providers then you may want to have a Medicare Advantage plan or a Medicare Supplement plan to help with these costs.

The VA prescription plan qualifies as a replacement for Medicare Part D and you would not be penalized for not enrolling in a Medicare Part D plan. The VA does not cover all prescriptions and some people choose to enroll in a Medicare Part D plan to help cover the costs of these prescriptions.